

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

APPLICATION FOR REGISTRATION OF A RETAIL CO-OP AGENT

License # _____

1. Agents Name: _____
(Last) (First) (Middle)

2. Corporation Name: _____

3. Business Name: _____

4. Business Address: _____
(City) (State) (Zip)

5. Mailing Address: _____
(All correspondence will be mailed to this address) (City) (State) (Zip)

6. Business Phone: (____) _____ Residence Phone: (____) _____

7. Date of Birth: _____ Place of Birth: _____

Height: _____ Weight:: _____ Eyes: _____ Hair: _____

8. I hereby certify that if approved to operate as a registered retail agent, that I will comply with all laws and rules, promulgated to control cooperative purchases.

I, _____, hereby declare that I am the APPLICANT filing this
(Print full name)
application. I have read the application and the contents and all statements are true, correct and complete.

X _____
(Signature of APPLICANT)

State of _____ County of _____
The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Day Month Year

My commission expires on: _____
(Signature of NOTARY PUBLIC)

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44-6852)

***Disabled individuals requiring special accommodations, please call the Department.**

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CO-OPERATIVE PURCHASE AGREEMENT

Name of Co-op: _____ Co-op #: _____
Agent: _____ Co-op Member: _____
Agent's Lic #: _____ Members Lic #: _____
Business Name: _____ Business Name: _____
Address: _____ Address: _____
City: _____ County: _____ City: _____ County: _____
Zip: _____ Phone #: _____ Zip: _____ Phone #: _____

1. All purchases by the **Agent** for the **Co-op** shall be from a licensed Arizona wholesaler.
2. The **Agent** shall furnish each of his **Co-op Members** a copy of the **Master Invoice** prepared by the wholesaler. Wholesaler may charge a reasonable fee for extra copies of **Invoice**. The **Invoice** shall detail each **Co-op Member's** order, showing amount of order by brand and cost by brand. The **Agent** shall not change or alter the **Invoice** in any manner whatsoever.
The **Master Invoice** shall indicate the total cost of all individual **Member's** orders and a copy shall be furnished to each **Member**. The payment for the total order shall be made by the **Agent**. The **Master Invoice** shall dictate the specific discount for each "**Co-operative Purchase**".
3. The accuracy of all orders placed by the **Agent** shall be the sole responsibility of the **Agent**. There shall be no exchanges of merchandise after delivery. The **Agent** shall be responsible for any errors in the orders by **Members** of his **Co-op**. The **Agent** is responsible for the fiscal operations of all **Co-op** purchases and shall retain all such records for a period of two years. All **Co-op Members** shall retain their **Invoices** for a period of two years also.
4. Wholesalers shall deliver to the **Agent's** licensed premises or to an unlicensed storage premises under the absolute control of the **Agent**, providing the **Agent** has received permission for the use of the unlicensed storage premises from the **Director**. Title to the merchandise shall vest with the individual **Co-op Member** upon delivery to the **Agent**.
The **Agent's** fee for services rendered to the **Co-op Member** shall be \$ _____ per wholesaler **Invoice**.
The **Agent** ☐ **Will** ☐ **Will Not** deliver merchandise to the **Co-op Member**. If the **Agent** does not deliver, the **Co-op Member** will obtain the merchandise from the designated storage location of the **Agent**.

The following provisions are agreed to between the **Agent** and the **Co-op Member**: _____

I, _____, AND _____, hereby declare that
(Printed name of AGENT) (Printed name of CO-OP MEMBER)

being first duly sworn upon oath, hereby depose, swear and declare, under penalty of perjury, that I am the applicant/APPLICANT making the foregoing filing this agreement. I have read the agreement and that the agreement has been read and that the contents thereof and all statements contained therein are true, correct and complete.

State of _____ County of _____

X _____ The foregoing instrument was acknowledged before me this
(Signature of AGENT)

Day Month Year

X _____
(Signature of CO-OP MEMBER) (Signature of NOTARY PUBLIC)

My commission expires on: _____

***Disabled individuals requiring special accommodations, please call the Department.**